



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

FC/REG
#14
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request
1/7/99
den

**TRANSMITTAL OF SMALL ENTITY
STATEMENT AND REQUEST FOR
REFUND**

Docket Number:
10401/1

Application Number
08/962.740

Filing Date
November 3, 1997

Examiner

Art Unit

Invention Title
**IMMORTALIZED, HOMOZYGOUS STAT1-
DEFICIENT MAMMALIAN CELL LINES AND
THEIR USES**

Inventor(s)
LEVY, et al

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TECH CENTER 1600/2900

Address to:
Assistant Commissioner for Patents
Washington D.C. 20231

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Dated: January 5, 1998

Signature

Mary C. Wilson Reg. No. 30333
~~M. Lisa Wilson (Reg. No. 34,045)~~
KENYON & KENYON

Enclosed are Verified Statements

Claiming Small Entity Status from NYU Medical Center for the above-referenced patent application.

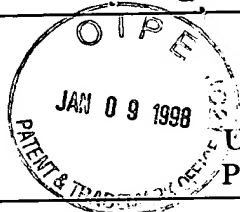
Pursuant to 37 C.F.R. 1.28(a) and 1.26, Applicants request a refund of \$631.00 which is the excess amount of the filing fee timely paid prior to establishing Small Entity Status. The refund should be credited to Deposit Account No. 11-0600. A duplicate of this letter is enclosed.

M. Lisa Wilson

Dated: January 5, 1998

By: *Mary C. Wilson* Reg. No. 30333
M. Lisa Wilson (Reg. No. 34,045)
KENYON & KENYON
One Broadway
New York, N.Y. 10004
(212) 425-7200 (telephone)
(212) 425-5288 (facsimile)

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PATENT AND TRADEMARK OFFICE

#15
Hto-re
Small Entity
Status
1/7/00

VERIFIED STATEMENT CLAIMING
SMALL ENTITY STATUS
37 CFR 1.9(c-f) and 1.27(b-d)

Docket Number:
10401/1

Application Number
08/962,740

Filing Date
November 3, 1997

Examiner
not yet assigned

Art Unit

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Date:

Signature

1-5-98
Jan E. Federman
M. Lisa Wilson (Reg. No. 34,045)

With respect to the invention described in the above-identified application, filed
November 3, 1997, I declare that I am an official empowered to act on behalf of the
nonprofit organization identified below:

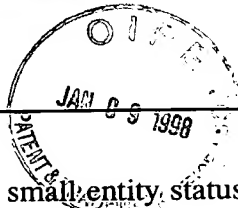
FULL NAME: Mount Sinai School of Medicine
ADDRESS: One Gustav L. Levy Place
New York, NY 10029-6574

ORGANIZATION TYPE: A University or other institution of higher education
located in any country.

and that the nonprofit organization identified above qualifies as a nonprofit
organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under 35
USC 41(a) and (b).

1. OWNERSHIP OF INVENTION BY DECLARANT

I hereby declare that all rights under contract or law have been conveyed to the above
identified Non-Profit Organization, except that the individual(s), concern(s) or
organization(s) listed below have rights to the invention, and have submitted separate



verified declarations claiming small entity status under 37 C.F.R. 1.9(c-e) and 1.27(b-d), and no rights to the invention are held (1) by any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, (2) any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or (3) a non-profit organization under 37 CFR 1.9(e).

ORGANIZATION: New York University
ADDRESS: 70 Washington Square South
New York, NY 10012

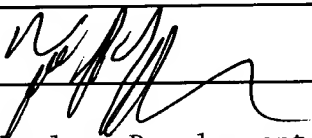
ORGANIZATION TYPE: A University or other institution of higher education located in any country.

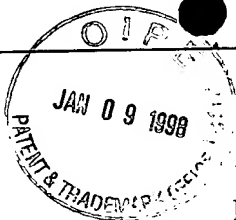
2. ACKNOWLEDGEMENT OF DUTY TO NOTIFY PTO OF STATUS CHANGE

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

3. DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further than these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 USC 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Signer's Name Frank R. Landsberger, Ph.D.	Signature 	Date November 17, 1997
Signer's Title: Director, Office of Science & Technology Development		
Signer's Address: 1 Gustave L. Levy Place, Box 1675, New York City, NY 10029		



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

VERIFIED STATEMENT CLAIMING
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37 CFR 1.9(c-f) and 1.27(b-d)

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ADDRESS: **70 Washington Square South**
New York, NY 10012

ORGANIZATION TYPE: **A University or other institution of higher education
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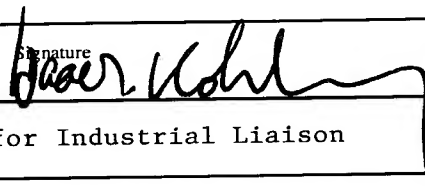
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Signer's Name Isaac T. Kohlberg	Signature 	Date November 13, 1997
Signer's Title: Vice President for Industrial Liaison		
Signer's Address: 550 First Avenue, New York, NY 10016		